

Acetone is more frequently found in the urine taken during labor than under other circumstances. The longer the labor the more frequently is it found and in the greater quantity. It is more frequent in first and second labors than in subsequent parturitions.

In the puerperal state acetonuria is common during the first three days; less frequent on the fourth day. After this it commonly ceases. Where acetonuria is present during labor it continues to be present during the first few days of the puerperal state. We are not aware of the influence which acetonuria exerts upon lactation or upon the interruption of the secretion of milk. Neither in pregnancy nor during labor is an increased acetonuria a sign of foetal death.

So far as can be determined, acetonuria in pregnancy, labor, and the puerperal state is a physiological phenomenon without pathological import or cause. It must be referred to some variation in metabolism, usually of a transient and unimportant nature.

The Pathogenesis of Eclampsia.—In the *Archiv für Gynäkologie*, 1902, Band lxx., Heft 3, BLUMREICH and ZUNTZ contribute a thorough review of the literature of the subject, with an account of experiments made in animals by trephining and injecting solutions of creatin to determine the production of convulsions. These experiments were performed upon non-pregnant and pregnant animals. In the second series solutions of creatin were injected into the carotid vessels. In these experiments both pregnant and non-pregnant animals were utilized. As a practical result of the experiments it was found that the brain of the pregnant animal was much more susceptible to irritation than that of the non-pregnant.

Following these experiments comes a review of the various theories now extant regarding the cause of eclampsia. These divide themselves practically into two classes—one the theory of mechanical irritation as a cause, and the other the theory of toxins as a cause. The uræmic hypothesis, the auto-intoxication theory, and the theory that eclampsia owes its origin to substances produced in the foetus—all of these receive attention.

The authors sum up the results of their experience and literary researches as follows: They do not by any means conclude that creatin or any other one substance is the cause of eclampsia. They believe that a number of substances resembling this may bring about the condition in question.

They think it fair to apply to the human species the conclusions derived from experiments upon animals. In doing this they call attention to the fact that the frequency of eclampsia is comparative with that of tetanus and chorea during pregnancy. Neurologists state that tetanus is rarely seen in women except in the pregnant condition. The same is true of chorea, which is rarely found in women except in the pregnant state. These circumstances and the result of experiment demonstrate the fact that a much smaller irritation in a pregnant patient is sufficient to produce an effect upon the nervous system than in the non-pregnant. It cannot be proven that the constitution of the brain during pregnancy is the essential cause for eclampsia.

In discussing the source of the irritating material the writers refer to future publications, giving the results of other experiments in demonstrating

the part played by the kidneys alone. They do not believe that the source of the poison is principally in the kidney. They call attention to the fact that hitherto our study has lain in the effort to ascertain the quantity of poison in the blood and urine. They believe it to be quite probable that the substances causing eclampsia do not appear in the urine as poisons, but that they are analogous to aromatic ethereal sulphates, which may be formed and decomposed in the body without appearing distinctly in the urine. These substances, if existing in the blood, might easily produce an effect at the centre of least resistance, which in pregnancy is often the nervous system. Future study will lie in the direction of an effort to extract from the important central organs of the body substances capable of producing irritation.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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Insufflation of the Œsophagus as a Means of Differential Diagnosis.—DR. C. D. SPIVAK, of Denver, states (*New York Medical Journal*, August 11, 1901) that spasm of the Œsophagus can be more readily diagnosed by insufflation than by the introduction of bougies, while the diverticulum in the upper third of the Œsophagus can be recognized by inspection externally, as it will fill with air and present as a tumor in the cervical region. Furthermore, insufflation will indicate a differential diagnosis between diverticulum and dilatation of the Œsophagus; for in the latter the air will pass freely into the stomach, while in the former the calibre of the Œsophagus will be obstructed by the air which fills up the diverticulum.

In a case under Dr. Spivak's observation the air invariably forced the tube out of the Œsophagus.

Foreign Body in the Œsophagus.—DR. RUSSELL S. FOWLER, of New York, reports (*Medical News*, September 14, 1901) a case of an impacted penny in the Œsophagus of a female child, two years and two months old. A Röntgen ray picture showed the penny hanging vertically in the Œsophagus at the level of the sternal notch. Under the guidance of the fluoroscope a coin-catcher was passed beyond the coin and withdrawn with its imprisoned penny.

Ultero-membranous Staphylitis.—In *La Parole* of March, 1902, Drs. ARMAND SINEDEY and CHARLES MANTOUX record a case of ultero-membranous staphylitis with fusiform bacilli and spirilli of Vincent, following a stomatitis of the lower jaw of the same character. The tonsils and the palatine arches were not involved. The patient, too, had albuminuria, which was attributed to the precedent stomatitis. The parasitic disease of two